



State of Illinois

Individual Premium Finance License Application-IPF-1

Illinois Department of Insurance
320 West Washington Street
Springfield, IL 62767-0001

Fee Requirement: Attach a check or money order payable to the Director of Insurance for **\$400**. License will expire one year following date of issue.

Name of Applicant (print or type)		Social Security #
Resident Address (number and street)		Room #
City	State	Zip Code
Assumed name (s) under which you do business (DBA)		Telephone # (include Area Code)

	Yes	No
1. Have you, within the past three (3) years, been found guilty of a felony? If "yes," attach (1) a statement from your probation officer; (2) certified copies of the indictment, judgement and sentencing order.		
2. Have you ever been refused a license to act as a premium finance company, agent, broker, producer or solicitor, or has a license to act as such ever been denied, suspended, revoked or surrendered for disciplinary reasons in any state either as an individual or as a member of a firm? If "yes," attach a copy of the order or other applicable documents.		
3. Does the applicant have a license to engage in business as an insurance producer?		

Declaration and Certifications

I certify that no charge for financing premiums shall exceed the rates permitted under Section 513a10 of Article XXXIIA.

I further certify that the premium finance agreement or other forms being used are in compliance with the requirements of Section 513a9 of Article XXXIIA.

I further certify that I have a minimum net worth of \$50,000.

I, the undersigned, declare under penalties of revocation or refusal of license that the statements made in this application are true, correct and complete to the best of my knowledge and belief.

Signature of Applicant

Date

Important Notice: Disclosure of this information is **required** under the Illinois Revised Statutes' insurance laws. Failure to provide this information will result in this form not being processed. This form has been approved by the Forms Management Center.

The following is to be completed **only** if applicant is other than an Illinois corporation:

Know All Men By These Presents:

That the undersigned desiring to transact the business of a non-resident premium finance company in the State of Illinois in conformity with the laws thereof, does hereby make, constitute and appoint the Director of Insurance of the State of Illinois, and his successor or successors in office, the true and lawful attorney in and for the State of Illinois, on whom all process of law against said applicant may be served in any action or proceeding against said licensee in the State of Illinois, subject to and in accordance with all the provisions of the laws of the State of Illinois now in force, and such other laws as may hereafter be enacted in relation thereto. The said attorney is hereby duly authorized and empowered, as agent of said licensee, to receive and accept service of process in all cases as provided by the laws of the State of Illinois, and such service shall be deemed personal service on said licensee, and shall be of the same legal force and validity as if served on said licensee; and said licensee hereby waives all claims of error by reason of such service. This appointment shall continue in force irrevocably so long as any liability of the licensee in the State of Illinois shall remain outstanding because of having done business under said license.

(Name of Corporate Applicant)

By: _____
(President)